

**TREAT
&
PROCESS**

State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management

TREATMENT & PROCESSING FACILITY
Facility Annual Report
For the period of **July 1, 2011-June 30, 2012**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: B & B Top Soil Mine Inc

Permit: 3205YW-TP-

ID: P0427

Facility Website (URL): www.bandbtopsoilmine.com

Physical Address		Mailing Address	
Street 1: <u>1800 Hamlin Rd</u>		Street 1: <u>SAME</u>	
Street 2: _____		Street 2: _____	
City: _____	County: <u>Durham</u>	City: _____	
State: <u>North Carolina</u>	Zip: <u>27704</u>	State: <u>North Carolina</u>	Zip: _____
Primary Facility Contact Person		Billing Contact Person	
Name: <u>William Andrews</u>		Name: <u>SAME</u>	
Phone: <u>(919) 998-8832</u>	Fax: _____	Phone: _____	Fax: _____
Email: <u>bandbtopsoil@aol.com</u>		Email: _____	

1. Tipping Fee: \$ 7.00 ^P per Ton (Attach a schedule of tipping fees if appropriate.)

2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

3. Indicate types of waste processed at this facility. (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medical Waste | <input type="checkbox"/> Landclearing and inert debris (LCID) |
| <input type="checkbox"/> Industrial Waste | <input checked="" type="checkbox"/> Yard Waste |
| <input type="checkbox"/> Construction and Demolition Waste | <input type="checkbox"/> Household Hazardous Waste |
| <input checked="" type="checkbox"/> Other (describe) <u>LANDCLEARING DEBRIS AND SAWDUST</u> ^{JP} | |

4. Indicate types of processes occurring at this facility. (Check all that apply)

- ☒ Grinding, composting or mulching - LEFT IN PLACE ^{JP}
- ☐ Medical Waste treatment
- ☐ Incineration
- ☐ Recycling/Reuse Collection (if yes, indicate materials collected; check all that apply and provide tonnages)
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Paper _____ tons | <input type="checkbox"/> Fluorescent lightbulbs _____ tons | <input type="checkbox"/> Used oil/oil filters _____ tons | <input type="checkbox"/> Steel Cans _____ tons |
| <input type="checkbox"/> Cardboard _____ tons | <input type="checkbox"/> PETE (#1) Plastic _____ tons | <input type="checkbox"/> Aluminum Cans _____ tons | <input type="checkbox"/> Other Metal _____ tons |
| <input type="checkbox"/> Wood _____ tons | <input type="checkbox"/> HDPE (#2) Plastic _____ tons | <input type="checkbox"/> Computer Equipment _____ tons | <input type="checkbox"/> Televisions _____ tons |
| <input type="checkbox"/> Glass _____ tons | <input type="checkbox"/> Concrete/rubble/asphalt _____ tons | <input type="checkbox"/> Gypsum/drywall _____ tons | <input type="checkbox"/> Other Plastic _____ tons |
| <input type="checkbox"/> Shingles _____ tons | <input type="checkbox"/> Other (specify) _____ | | |
- ☐ Other activities (specify) _____

5. Indicate the type and quantity of material from recycling or recovery operations stockpiled on-site as of June 30, 2012 (e.g. Wood-3 tons, Metal-5 tons, Cardboard-2 tons, etc.).

Bal. from 2011-8,000 tons, Inbound 7-2011 to 6-30-2012 3,023.2 tons Total=(11,023.2)
Total-Balance & Inbound =11,023.2 - outbound 4,375.08 = 6,648.12 tons on site.

[illegible]

7. Indicate the facility(s) that received your facility's non-recycled waste material:

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
NA		
TOTAL		

Please return your completed report to:

John Patrone
585 Waughtown Street
Winston-Salem, NC 27107-2275
phone: 336.771.5095 email: John.Patrone@ncdenr.gov

Signature: William A. Aiken

Date: 7-30-12

Title: V-P

Email: bandbtopsoil@aol.com